

1/18/2017

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Division of Corporations

Florida Department of State Division of Corporations Electronic Filing Cover Sheet

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To: Division of Corporations
Fax Number : (850)617-6381

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
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STATE DEPT OF STATE
TALLAHASSEE FLORIDA

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FLORIDA LIMITED LIABILITY CO. Growth Harmony LLC

Certificate of Status	0
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1/18/17

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Growth Harmony LLC
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Dan Roitman
Name of Person
Growth Harmony LLC
Firm/Company
1451 W Cypress Creek Rd Suite 300
Address
Ft. Lauderdale, FL 33309
City/State and Zip Code
DROITMAN@OUTLOOK.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Mary Plado at (518) 451-8013
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- \$125.00 Filing Fee
- \$130.00 Filing Fee & Certificate of Status
- \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)
- \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MailingAddress
New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

StreetAddress
New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Growth Harmony LLC
(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

<u>Principal Office Address:</u>	<u>Mailing Address:</u>
<u>Growth Harmony LLC</u>	<u>Morris James Equity Partners LP c/o Growth Harmony LLC</u>
<u>1450 W. Cypress Creek Rd. Suite 300</u>	<u>1451 W Cypress Creek Rd. Suite 300</u>
<u>Ft. Lauderdale, FL 33309</u>	<u>Ft. Lauderdale, FL 33309</u>

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

<u>C T Corporation System</u>		
Name		
<u>1200 South Pine Island Road</u>		
Florida street address (P.O. Box NOT acceptable)		
<u>Plantation,</u>	<u>Florida</u>	<u>33324</u>
City	State	Zip

SECRETARY OF STATE
TALLAHASSEE FLORIDA
17 JAN 17 AM 9:54

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S.

C T Corporation System

By: Janifer Vincent VP & Assistant Secretary
Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Name and Address:

"MGR"

Dan Roitman

1451 W. Cypress Creek Rd. Suite 300

Ft. Lauderdale, FL 33309

REGISTERED
TALLAHASSEE
FLORIDA

17 JAN 17 AM 9:54

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:

Dan Roitman

Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Dan Roitman

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)